

18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis (No. General Hosp #2)

Registration District No. 100
Primary Registration District No. 100

File No. 36750
Registered No. 36750
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1511 E 2nd St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Mc Kenzie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1877
7. AGE YEARS 59 MONTHS 9 DAYS 18
IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Robert Daffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

15. MAIDEN NAME Martha Daffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) A. G. Daffin 5625 E 33rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem DATE 10-18-37

19. UNDERTAKER (ADDRESS) H. B. Moore 1820 E 14th St

20. FILED 10-18-37 m. m. Crowe, asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1937 to 10-13-1937

I last saw her alive on 10-13-1937 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Type
95B Heart Disease
Other contributory causes of importance: Decompensation

Name of operation Clinical Date of 10

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 10-13-1937

Where did injury occur? General Hosp #2 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. C. Daffin M.D.

(Address) General Hosp #2

